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ABSTRACT

At the request of the U.S. House of Representatives, this study identified problems confronting child protective service (CPS) units, which affect the system's capacity to protect children from abuse and neglect. State and local responses to these problems, and opportunities for the federal government to assist in improving the system's capacity to respond to children's needs were also determined. Information was obtained through literature review, interviews with state and federal officials, visits to CPS units in California, Florida, Missouri, and New York; and consultation with a panel of experts. Results indicate that the CPS system is in crisis because of overwhelming caseloads, increasingly complex social problems underlying child maltreatment especially related to substance abuse, and ongoing systemic weaknesses in daily operations, including difficulties in maintaining a skilled workforce, inconsistently implemented policies, lack of automated case management, and poor working relationships with courts. Responding to the crisis, states and localities are testing new service delivery strategies, including forming partnerships with families and community organizations. Programs in Missouri, Florida, California, and New York were cited as examples of innovative service delivery. Challenges to new strategies include adapting to new caseworker roles and addressing the underlying systemic weaknesses that diminish daily operational effectiveness. CPS units will need more focused support and expanded technical assistance from the federal government, including disseminating information on what other CPS units have tried and the outcomes of these experiments. (Appendices include a description of the methodology.) (Author/KB)

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United States General Accounting Office

GAO

Report to the Honorable Nydia Velazquez, House of Representatives

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CHILD PROTECTIVE SERVICES

Complex Challenges Require New Strategies

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United States
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Washington, D.C. 20548

Health, Education, and
Human Services Division

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July 21, 1997

The Honorable Nydia Velazquez
House of Representatives

Dear Ms. Velazquez:

Each year, nearly 1 million American children are the victims of abuse and neglect by their parents or other caregivers. For almost 20 years, the country has seen a steady rise in reports of child abuse and neglect, including a 14-percent increase, from 1990 to 1994 alone, in the number of children who were the subject of maltreatment reports.[1] These children—many from homes with multiple problems, such as parents with serious substance abuse problems—are among our nation's most vulnerable citizens. Tragically, an estimated 2,000 children die each year from maltreatment.

The responsibility for receiving and investigating reports of child maltreatment falls primarily on a system of child protective services (CPS) units within state and local child welfare agencies, which are responsible for the day-to-day operation of these units. The rising number of child maltreatment reports, the difficulties presented by substance-abusing parents, and diminished resources have placed these units and agencies under increasing stress. The federal government has an important role in the nation's response to these problems. Through the Child Abuse Prevention and Treatment Act (CAPTA), enacted in 1974, and recent amendments, the federal government has underscored its commitment to provide funding and technical assistance for CPS to state and local governments, which are striving to find the most effective ways to protect children.

Because of your concern over the increase in child maltreatment cases and the barriers CPS units face when protecting children, you asked us to identify (1) problems confronting CPS units that affect the system's capacity to protect children from abuse and neglect, (2) state and local responses to these problems, and (3) opportunities for the federal government to assist in improving the system's capacity to respond to the needs of abused and neglected children. In conducting this work, we reviewed the literature on child maltreatment and interviewed state and federal officials and other experts. To obtain first-hand information on CPS

[1]The term maltreatment refers to children who are the victims of child abuse and neglect. Many types of abuse—such as physical, sexual, or emotional—and neglect—such as educational or medical—can occur.

practices, we visited four states—California, Florida, Missouri, and New York—in different stages of reforming their CPS systems. In addition, we convened a panel of experts in the areas of child maltreatment and CPS to examine what role the federal government can play in assisting states and localities in improving their CPS activities. We conducted our work between February 1996 and April 1997, in accordance with generally accepted government auditing standards. A complete discussion of our scope and methodology appears in appendix I.

Results in Brief

The CPS system is in crisis, plagued by difficult problems, such as growing caseloads, increasingly complex social problems underlying child maltreatment, and ongoing systemic weaknesses in day-to-day operations. The states we visited have experienced large increases in maltreatment reports in recent years, thus increasing the CPS caseload to an overwhelming level. In addition, states report that families are entering the system with multiple problems, among the most common of which is an increase in substance abuse. Experts consider this increase to be a significant factor in maltreatment, which has caught all parts of the CPS system unprepared. Moreover, CPS units have been plagued by long-standing systemic weaknesses in day-to-day operations, including difficulty in maintaining a skilled workforce; consistently following key policies and procedures designed to protect children; developing useful case data and recordkeeping systems, such as automated case management; and establishing good working relationships with the courts. Highly qualified staff who have the necessary resources and support to carry out the complex tasks involved in protecting children are essential to ensure that maltreated children find safety in the CPS system. Therefore, without these critical elements, the effectiveness of CPS is undermined.

In response to this crisis, states and localities are testing new strategies for service delivery. Given the increased volume and severity of the cases, CPS units find that using traditional approaches, they can no longer handle all reports alleging abuse or neglect. As a result, states and localities are developing new strategies, depending on the severity of the maltreatment, to respond to CPS reports. States and localities are also focusing on forming partnerships with families, friends, churches, and community organizations to help keep children safe from maltreatment. These partnerships enable CPS units to share responsibility for intervening in various types of maltreatment cases. For example, in Missouri, CPS caseworkers teamed with community partners to develop and deliver services to families in which they consider the imminent risk of harm to

the child to be low, such as in child neglect. These new strategies, however, are not without certain challenges. They include such challenges as (1) adapting to new caseworker roles, required by new responsibilities, and (2) the underlying systemic weaknesses that diminish day-to-day operational effectiveness. For example, without a highly trained and stable workforce to mobilize and build trust among the diverse group of partners, realizing reform goals may be difficult. More importantly, there is little or no research to assess whether these new strategies effectively solve the problems of abused and neglected children and their families.

As state and local CPS units experiment with new strategies aimed at better coping with rising and complex caseloads, units will need more focused support and improved technical assistance from the federal government. Previous federal research has concentrated on the causes of maltreatment and on ways to treat abused and neglected children and their families, rather than on topics that support the states' community-based response to the CPS crisis. Similarly, federally provided technical assistance has also been limited in helping the states develop new strategies to address this crisis. In addition, dissemination of federal research findings and practical information for improving daily CPS operations is lacking. By focusing its efforts on the new strategies within states, the federal government could provide states with much needed information on what other CPS units have tried and the outcomes of these experiments.

Background

CPS units within local child welfare agencies serve as a community's first line of defense for children whose families are having difficulty caring for them or are no longer able to care for them. CPS units represent the front-end of the child welfare system since the majority of children receiving child welfare services (such as foster care) first come to the attention of the system through CPS. CPS caseworkers investigate reports of child abuse and neglect to verify the alleged maltreatment, conduct assessments to determine what services may help stabilize a family and reduce the risk of further maltreatment, and coordinate the delivery of treatment services by a variety of public and private providers. These activities are often conducted under adverse and sometimes dangerous circumstances. In addition, caseworkers must balance the often conflicting roles of investigator and social worker. As investigators, CPS caseworkers collect evidence and work with law enforcement officials; as social workers, they work with families to identify services needed to improve conditions in the home and provide a safe environment for the child.

States generally follow a common set of procedures when investigating a report that a family is either neglecting or abusing a child under its care. Most reports of maltreatment are by telephone and are received by staff trained to collect information concerning the alleged incident. These staff then assess whether the circumstances described in the telephone call match the state definition for maltreatment and whether there is sufficient cause to believe that the child is in danger of further harm.[2] If the report meets these conditions, the staff refers the report to the CPS unit for investigation.[3]

CPS Activities

Referred reports are generally categorized into two groups. In the first group, CPS caseworkers are dispatched immediately for children believed to be in imminent risk of harm. In the second group, investigations are usually initiated within 24 to 72 hours, depending on state statute. Caseworkers usually check if the child's family has had a prior validated report of abuse or neglect. Caseworkers then visit and interview the family, including initiating face-to-face contact with the child, and begin collecting information about the alleged maltreatment incident. This information includes physical evidence, such as the results of a physical examination of the child showing any marks or bruises, and statements from family members and other individuals who may have information relevant to the case. Law enforcement officials may be asked to accompany a caseworker on this visit if the caseworker believes the child may need to be immediately removed from the home or that the situation may become dangerous or violent. Finally, caseworkers determine the report's validity and record and summarize the information. These determinations are based on the agency's criteria for an acceptable level of risk to the child and caseworkers' training, prior experience, and judgment. Since a faulty evaluation can endanger a child's life, CPS protocols usually recommend specialized training for caseworkers and regular and close supervisory review of these difficult decisions.

If a CPS caseworker, during the initial investigation, believes that a child has been maltreated and needs the court to protect the child's safety, the caseworker must initiate judicial oversight of the case, which can be

[2]State definitions of the various types of maltreatment are generally based on definitions found in CAPTA, which defines abuse and neglect as "at a minimum, any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

[3]Reports that do not meet state definitions for abuse or neglect and are not referred to local CPS units can be referred to other state or local information telephone numbers, local law enforcement agencies, or other state social service agencies.

time-consuming and complicated. The caseworker begins by filing a petition with the court, detailing the alleged maltreatment and how it meets the legal definition in that state. Then, depending on the course of the CPS investigation and state requirements, a series of court hearings may follow. First, the court decides whether the risk to the child is great enough to warrant removing the child from the home on a temporary basis. Next, the court decides whether the alleged maltreatment occurred. This determination is made based on evidence gathered by the caseworker during the investigation, which usually must be completed within 30 days. Finally, the court decides who will have control over the child and what steps must be taken by the family and the child welfare agency to improve the family situation. The court can allow the child to remain in, or return to, the home or place the child with a foster family, in a group home, or with a relative.

While the caseworker is following the procedures involved in investigating the alleged maltreatment, he or she is also developing a tentative plan to address those conditions in the home that CPS believes contributed to the maltreatment of the child. This plan ultimately becomes the case plan that outlines treatment services for the child and the family. The plan describes what actions are required of all the parties involved to correct the conditions that caused the maltreatment and, in some cases, the placement outside the home, as well as the time frames for accomplishing them. In addition, the plan must address a child's health and education needs, including arrangements for any specialized treatment by health care providers. The causes of child abuse and neglect are complex, and a case plan can involve referrals to an array of individuals, including caseworkers from other units in the child welfare agency, such as adoption or foster care specialists; private service providers, such as mental health and counseling professionals on contract with CPS to provide treatment services; other public agencies that can assist with nonhealth services, such as housing; and organizations providing transportation or other support services. Maintaining the services outlined in the case plan is key to avoiding further exacerbation of the family's problems and a return to the crisis mode that often precipitated the initial report.

Federal Involvement in CPS Activities

Federal activities directed specifically at child maltreatment prevention and treatment began in 1974, with the passage of CAPTA. This legislation and subsequent amendments have influenced CPS in important areas. For example, CAPTA provides (1) federal guidelines for states to use in their

definitions of child abuse and neglect and (2) for states to have in effect laws for the reporting of suspected maltreatment.

The CPS activities of investigating and verifying suspected maltreatment are almost entirely funded by state governments; however, the federal government provides some funding for support activities, such as research and technical assistance. CAPTA authorizes and funds three key entities that support state CPS units: (1) the Office on Child Abuse and Neglect (OCAN), within the Department of Health and Human Services (HHS), which oversees federal research on child abuse and neglect, demonstration projects, and other activities; (2) The National Resource Center on Child Maltreatment, under a contract with HHS, which provides technical assistance to states on child welfare issues; and (3) The National Clearinghouse on Child Abuse and Neglect, also under an HHS contract, which gathers and disseminates information on child maltreatment. In addition, CAPTA charges HHS with providing state and local agencies with support and technical assistance, as well as ensuring that CPS activities are executed and coordinated among all agencies involved with CPS-related activities. For fiscal year 1996, CAPTA provided over $50 million for federal research and demonstration grants, program grants, and training and technical assistance. Other sources of federal funding provide states with (1) support while a child is in foster care or (2) the ability to make services available to help prevent the removal of a child from the home.[4]

CPS System Plagued by Difficult Problems

Increases in the number of maltreatment cases, the changing nature of family problems, and long-standing systemic weaknesses have placed the CPS system in a state of crisis and undermined its ability to fully carry out the responsibilities for abused and neglected children. First, child maltreatment reports have risen steadily across the country. The caseloads of CPS units have grown correspondingly, and CPS units often cannot keep pace with this workload.[5] Second, these caseloads are increasingly composed of families whose problems have grown more troubling and complicated, with substance abuse a common and pervasive condition. Finally, systemic weaknesses—such as difficulty maintaining a

[4]The Social Security Act, Title IV-B, subpart 1 (Child Welfare Services), provides funds for support services, to prevent abuse and neglect, and for foster care services, to reunite families, arrange adoptions, and ensure adequate foster care placements; Title IV-B, subpart 2 (Family Preservation and Support), provides funds to support families and prevent the need for foster care; Title IV-E provides funds for food and shelter for children in foster care; and Title XX (Social Services Block Grant) provides funds for support services to families at risk of child abuse and neglect.

[5]The Continuing Child Protection Emergency: A Challenge to the Nation, U.S. Advisory Board on Child Abuse and Neglect, U.S. Department of Health and Human Services, Administration for Children and Families (Washington, D.C.: U.S. Government Printing Office [GPO], Apr. 1993).

professional and skilled workforce, inconsistently implementing policies and procedures, a lack of automated case management in recordkeeping systems, and poor working relationships between CPS and the courts—have further weakened CPS units. The combined effect of difficult caseloads and systemic weaknesses (1) overburdens caseworkers and dilutes the quality of their response to families and (2) may further endanger the lives of children coming to the attention of CPS.

CPS Caseloads Are Growing

In 1990, the U.S Advisory Board on Child Abuse and Neglect concluded that child abuse and neglect was a national emergency.[6] According to the study, reports of child maltreatment steadily increased over the years, from about 60,000 cases reported in 1974 to 1.1 million in 1980. Reports then doubled to about 2.4 million during the 1980s. More recently, HHS reported that between 1990 and 1994, the number of children that were the subject of reports of abuse and neglect rose approximately 14 percent, to over 2.9 million.[7] Although reasons for the high number of reports are complex, research indicates that the number has risen, in part, due to (1) increased child maltreatment by drug-dependent caretakers, as a result of the cocaine epidemic during the 1980s, (2) the mandate for certain groups of professionals to report suspected maltreatment, and (3) the stresses of poverty among families. Since HHS began collecting data in 1990, neglect has been the predominant type of maltreatment. For example, in 1995, approximately 52 percent of the maltreated children were neglected, while approximately 25 percent were physically abused. Sexually abused children accounted for about 13 percent. HHS recently reported that for the first time, a leveling off—in both the annual number of reports nationwide and the annual number of confirmed cases—is occurring. However, some state and local officials told us they are concerned about the effect welfare reform will have on the number of CPS reports.

The U.S. Advisory Board on Child Abuse and Neglect reported in 1995 that state and local CPS caseworkers are often overextended and cannot

[6]Child Abuse and Neglect: Critical First Steps in Response to a National Emergency, U.S. Advisory Board on Child Abuse and Neglect, U.S. Department of Health and Human Services (Washington, D.C.: GPO, Aug. 1990).

[7]Child Maltreatment 1994: Reports from the States to the National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect (Washington, D.C.: GPO, 1996). Data in this report are collected by the National Child Abuse and Neglect Data System, a voluntary reporting system, funded by HHS. Differing state CPS policies, programs, designs of information systems, and resources influence the capacity of states to provide child abuse and neglect data to the system and, thus, affect the collection and interpretation of data at the national level.

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adequately function under their current caseloads. As a result, breakdowns occur in their ability to protect children. The report also stated that in many jurisdictions, caseloads are so high that CPS response is limited to taking the complaint call, making a single visit to the home, and deciding whether or not the complaint is valid, often without any subsequent monitoring of the family.

Of the four states we visited, three—Missouri, California, and New York—also experienced a rise in maltreatment reports, which is consistent with the national trend. In Missouri, child abuse and neglect reports have increased over 18 percent since 1991. In California, the total number of reports received by county CPS units have increased approximately 25 percent since 1988. In New York, reports to the state's child abuse and neglect central register have increased almost 330 percent since 1974. Only in 1990 and 1994 did the state see a slight drop in reports.

Likewise, all four sites we visited indicated that increased caseloads affect the amount of time and resources that can be invested in individual cases, which can result in insufficient services for families and children. For example, in Florida, CPS staff in the counties we visited stated that high caseloads delay their initial response to new cases, hinder the quality of the work they perform, and limit the ability of supervisors to review cases. Service providers who work with CPS staff also noted that caseworkers are unable to sufficiently monitor families and that they respond only to crises. Similarly, a 1996 report[8] on Sacramento County, California—where calls to the CPS hotline have tripled from 1980 to 1993, to over 3,000 calls per month—stated that (1) the demand for CPS exceeds current capacity, (2) caseloads exceed recommended levels,[9] and (3) caseworkers' decisions are strongly influenced by the pressure to limit the number of active cases. High caseloads require caseworkers either to accept greater levels of risk to the child while with the family or to decide to remove the child inappropriately, county staff said. In addition, county service providers indicated that high caseloads can result in procedural failures, such as an inadequate review of prior case history or incomplete documentation of casework conducted.

[8]Critical Case Investigation Committee Final Report, Office of the County Executive, County of Sacramento (May 1996).

[9]The Child Welfare League of America, a professional organization for child welfare officials, has developed guidelines for optimal caseload size.

Substance Abuse in Families Becoming Common

CPS caseworkers must increasingly deal with families that suffer from multiple problems, including substance abuse. The escalating cocaine epidemic during the 1980s exacerbated the already challenging work of CPS caseworkers. According to OCAN, the number of women who abuse drugs has increased, resulting in a growing number of infants who are exposed to illegal substances before birth. In addition, intoxication is a precipitating factor for every kind of abuse; many children experience neglect as a result of their parents' physical or psychological absence while seeking alcohol and other harmful drugs or being under the influence. The recognition of this link between child maltreatment and substance abuse was identified in 1990 in the first report of the U.S. Advisory Board on Child Abuse and Neglect.[10] The board reported that the vast increase in child maltreatment associated with substance abuse and the extent of the problem caught CPS units unprepared. On the basis of a national survey, HHS reported that the number of CPS cases involving substance abuse can range from 20 to 90 percent, depending on the area of the country. As a result, CPS units must not only develop more effective ways to work with parents who use drugs, but must also address the problems of substance-exposed infants and increasing concerns for caseworker safety in the field.

Officials in the states we visited echoed the findings of research and identified substance abuse of caregivers as one of the most difficult problems CPS units address when responding to child abuse and neglect cases. In New York City, for example, approximately three-quarters of the confirmed cases involve drug addiction of at least one caregiver. According to the Manhattan Field Office staff, a majority of cases involve substance-abusing parents, many of whom live in drug-infested and poor neighborhoods, intensifying family problems. CPS caseworkers visiting these families do so at considerable risk to their own safety. In Sacramento County, where substance abuse affects an estimated 75 to 80 percent of the CPS cases, a county official identified poverty and substance abuse as the two biggest problems the CPS unit faces. Moreover, the presence of these problems can delay case progress and limit clients' ability to change their lives, the official noted. According to St. Louis City and County supervisors, developing service plans for drug-abusing mothers poses one of their greatest challenges.

Although substance abuse has increased among CPS cases, many communities lack treatment services. Across the country, the demand for drug treatment slots exceeds the supply. According to state and local

[10]Child Abuse and Neglect: Critical First Steps in Response to a National Emergency, p. 55.

officials in the sites we visited, clients cannot obtain needed services because of the shortage of appropriate treatment programs and the waiting lists for many programs in their communities. In addition, the more commonly available services are short-term rather than long-term, and are less likely to have a lasting effect, according to a 1993 HHS study of high-risk child abuse and neglect groups. Finally, even when substance abusers do receive treatment, the relapse rate is high. Both the lack of treatment services and the likelihood of relapse may necessitate more involvement by CPS.

Systemic Weaknesses Hampering CPS Effectiveness

Long-standing systemic weaknesses within CPS units further hamper their capacity to protect children. These weaknesses have plagued CPS units for a number of years, and we observed these problems to varying degrees across all four sites we visited. These problems include (1) difficulty maintaining a professional and skilled workforce, (2) inconsistently implementing policies and procedures, (3) a lack of case data and automated case management, and (4) poor working relationships between CPS and the courts. Taken together, these weaknesses can undermine the effectiveness of CPS's response to child maltreatment. In particular, without a quality staff who have the necessary resources and support to carry out the complex tasks involved in protecting children, the CPS system will continue to lag behind in dealing with the growing problem of child abuse and neglect.

Skilled Workforce Difficult to Maintain

Hiring, training, and retaining a skilled workforce is essential to maintaining a professional and competent staff; however, CPS units were often unable to attract and retain qualified staff and to provide relevant training. CPS staff in sites we visited reported that some new hires were not qualified for their positions, either due to inadequate hiring policies or low entry-level salaries. For example, in New York City, until recently, new hires were required to have only a college degree, rather than a degree in social work or a related field. In Sacramento County, some staff were hired without the qualities needed to fulfill their job responsibilities, resulting in poor performance, according to county staff. In addition, training programs were often inadequate in terms of content and frequency. In Missouri, for example, funding has limited the amount of inservice training the state can provide, and some staff report that training manuals are out-of-date and that trainers are not up-to-date on the environment in which caseworkers operate today. In New York City, experienced staff reported that new caseworkers did not need to obtain passing grades in their entry-level training classes. New York City,

however, began taking steps to reform its CPS system in 1996. Hiring and training requirements have been improved, and the city is developing a system for providing all personnel with needed inservice training.

Finally, in all the sites we visited, retaining an experienced workforce was often cited as a problem. In Florida, Missouri, and New York, low salaries contributed to staff leaving for better paying positions. Likewise, in Florida, a 1995 panel appointed by the governor found that Florida's salaries were too low to attract and retain qualified CPS caseworkers. These conditions affect caseworkers' ability to consistently serve clients and result in a lack of experience among supervisory staff.

Policies Inconsistently Implemented

In CPS, where staff are sometimes dealing with life-and-death issues, the knowledge of and consistent application of appropriate policies and procedures are critical. CPS policies and procedures—such as those that define acceptable levels of risk to the child and those that outline the time frames, methods, and protocols for sharing information with local service providers, as well as documentation requirements for collecting evidence during the investigation—are important safeguards for children. These policies and procedures provide structure in the stressful environment in which caseworkers function and reduce the probability of making serious mistakes. Clear policies and procedures can also provide important guidance when staff receive inadequate or inconsistent supervision.

In some of the sites we visited, however, CPS staff were unable to consistently apply existing policies. For example, a 1995 state review of New York City's CPS operations found numerous problems in implementing policies, such as inadequate safety assessments for all children within the home in over 20 percent of the cases, inadequate investigations in over 50 percent of the cases, excessive time frames for conducting investigations in 50 percent of the cases, and missing service plans in 18 percent of open cases for which abuse was validated. Moreover, the review identified a lack of supervisory involvement in determining the validity of alleged maltreatment in 21 percent of the cases. Bronx and Manhattan Field Office managers, supervisors, and caseworkers reported that they lack knowledge on policies and procedures, in part, because policies change frequently, no procedures manual exists, and information is inconsistently distributed to all staff. In addition, a 1996 report on Sacramento County operations identified a need for clearer procedures and found that consultation with supervisors appears to take place on an informal, ad hoc basis. The report also stated

that written policies and procedures are not always consistent with verbal communications and directions to staff.

Lack of Automated Case Management Leads to Inefficiencies

Lack of automated case management in recordkeeping systems can result in inefficiencies, such as reliance on burdensome paper files and lost or inaccessible client files. Although some CPS data are automated for state and federal reporting purposes, these data are not useful in the day-to-day management of cases, according to staff we met with in Florida's District 12 and in Sacramento County. As a result, CPS workers in all four sites we visited still work primarily in a paper environment. They and their supervisors generally do not have access to automated information systems for individual case planning and monitoring, and must rely on paper files to conduct their day-to-day activities. For example, New York City caseworkers and supervisors relied on hand-written case information on 5"-by-8" cards for the current status of cases and their history. Retrieving case records from agency archives or transferring the files from one field office to another can take weeks and files can become lost, according to New York City caseworkers. Agencywide computerization, which is being partially funded through federal grants, was not fully operational at the time of our visits. In developing these systems, CPS units will have the opportunity to add automated features that could assist CPS staff in managing workload, identifying available resources, and preparing and tracking court documents. If properly implemented, these systems could provide caseworkers with essential information for intervening in maltreatment situations, as well as reduce paperwork and manual recordkeeping.

Working Relationship With Courts Poor

By necessity, CPS units should work efficiently and effectively with the courts to protect children. However, the court system, like CPS, also faces problems associated with the large volume of increasingly complex cases. For example, according to the American Bar Association, overcrowded dockets, inefficient case scheduling, unprepared or overburdened attorneys, and frequent rotation of judges who may or may not have expertise in child welfare law all contribute to significant delays in making decisions about children. Linked, in part, to these problems, all sites we visited noted poor working relationships between CPS staff and the courts. CPS staff reported a lack of respect for the caseworkers' experience, insufficient preparation time with attorneys assigned to help them, and minimal assistance in preparing court records in a professional manner. In some cases, staff resorted to turning in court documents in handwritten form. Because the courts do not schedule specific court times for individual cases, a caseworker must often spend many hours waiting for

his or her case to be called on the day it appears on the docket. Unnecessary time spent in court diverts the caseworker from performing investigative activities on other open cases. Federally funded initiatives, designed to address these problems, are just beginning; thus far, they have focused on states' self-assessment of problems.

States and Localities Focus on New Strategies to Cope With Rising and Complex Caseloads

Different types of maltreatment require dramatically different prevention and treatment strategies. Each of the four states we visited has been moving towards new strategies—in different stages of development—in its CPS system. Missouri and Florida, for example, have been developing responses to match the severity of various types of maltreatment; they have been forming partnerships between CPS and community service providers. These early partnerships have been generally characterized by sharing physical space with community agencies and including these organizations in case planning.

Experts, state agency officials, and caseworkers believe that these new strategies show promise, but their ultimate success will depend, in part, on the CPS staff's ability to overcome certain challenges, such as developing a willingness within the community to become more active in protecting children from maltreatment and to adapt to new roles and responsibilities. In addition, states reported that regardless of reforms in place, systemic problems continue to affect day-to-day operations and the quality of assistance provided to families; these problems may threaten the success of any new strategies.

States Experiment With New Service Delivery Models

In two of the states we visited, Missouri and Florida, state child welfare agencies have implemented new service delivery models. These agencies and local CPS units have turned to the broader community of churches, schools, mental health providers, and others to expand their reach. By developing partnerships with these community groups, CPS units are able to quickly increase the number of people available to serve children and their families, without increasing CPS staffing levels. The models in these two states are also based on the premise that all CPS cases do not require the same traditional approach. Instead, the models incorporate a flexible response, whereby CPS cases can be grouped according to the nature of the allegation, recognizing that different types of allegations require different responses. For example, the level of investigation needed to clearly

establish facts and gather evidence in a sexual abuse case may be unnecessary for a report of educational neglect.[11]

In 1994, Missouri developed a new strategy to handle the overwhelming number of reports coming into its CPS system. Missouri recognized that state government, acting alone, had neither the resources nor the local community, neighborhood, or family base to effectively alter the cycle of abuse and neglect. In response, Missouri began a demonstration initiative designed to divide incoming reports into two categories. Cases in the first category, called investigations, require law enforcement be contacted; these cases focus on reports of serious physical or emotional abuse and all reports of sexual abuse. CPS caseworkers conduct investigations jointly with law enforcement officials and then refer the cases to other caseworkers, as necessary, for foster care or services to preserve the family. All other cases, such as reports of neglect and mild physical abuse,[12] are in the second category and handled differently, without a traditional protective investigation. For these cases, for which the risk of imminent harm is less, a caseworker conducts a thorough assessment, called a family assessment, according to state guidelines. The caseworker determines the degree of risk to the child's safety and the family's need for assistance from the CPS unit or the community. Family assessment staff are expected to collaborate with their community partners.

Parts of St. Louis City and St. Louis County, Missouri, are participating in this demonstration. In cases screened using the family assessment model, caseworkers make the initial visit and then work with the family, generally providing services for up to 90 days. The majority of the incoming reports are placed in this category, and family assessment caseworkers work closely with their community partners. For example, some caseworkers are located with their partners in a community education center, which provides on-site services and linkages to a variety of community supports, such as family counseling, housing assistance, and drug abuse prevention programs. This arrangement allows for better communication and collaboration among the caseworkers and service providers. At the time of our review, Missouri was also considering developing a process in which community partners could conduct family assessments themselves, although the CPS units would still be ultimately responsible and approve

[11]Educational neglect includes permitting chronic truancy, failing to enroll a child of mandatory school age, and not attending to a special educational need.

[12]Child neglect is characterized by failure to provide for a child's basic needs and can be physical, educational, or emotional. Research has shown that neglect tends to be chronic and long-term, and can result in long-term developmental consequences. Research also shows that intervention does not always result in improvements or fewer subsequent reports to CPS.

the final assessment. Evaluation of the impact of Missouri's flexible response strategy is required by the Missouri State Legislature, and a final report is due in January 1998.

Like Missouri, Florida has been reworking its approach to child protection. In 1992, Florida's legislature and governor mandated that the State Department of Health and Rehabilitative Services develop a strategic plan to more clearly delineate how Florida would protect its children. The resulting plan addressed a fundamental lack of community involvement in CPS operations. For example, historically, Florida's human services programs, such as CPS, were designed and administered at the state level and thus were removed from local community problems. Under the new plan, Florida decentralized the management of CPS from the state to the district level.

To further strengthen the link between child welfare services and local communities, the governor signed legislation in 1993, directing local child welfare officials to jointly develop a CPS program with community agencies. Under this program, similar to Missouri's strategy, incoming child abuse and neglect reports are separated into two categories: (1) for the more serious cases, such as sexual abuse and severe physical abuse, caseworkers use the traditional approach, an investigation by CPS and law enforcement, and (2) for the remaining cases, rather than using the traditional approach, caseworkers assess the child's safety, as well as family strengths and resources that could help to reduce risk.

Florida's District 12, where we focused our review, developed a community-based strategy to enhance its handling of sexual and serious physical abuse cases. The resulting Child Advocacy Center is a collaborative effort between a not-for-profit agency that provides treatment for child victims of abuse, CPS, law enforcement, the Young Women's Christian Association, and the state attorney. The center's goal is to provide a warm, nonthreatening environment for joint CPS and law enforcement investigations, case reviews, medical examinations and evaluation, mental health treatment, victim advocate support services, training, and community education. Since all team members are generally located together, the lag time between case initiation and service provision is decreased.

Other States Make Early Efforts at New Models

Sacramento County, California, and New York City are making early efforts to reorganize the delivery of CPS services. In both cases, state and

local officials have recognized the critical role communities will play in the future effectiveness of CPS. At the time of our visit, however, these sites had not fully developed their new strategy to implement reforms. Sacramento County is beginning by using a team approach. Team members include clinical experts from CPS and other county departments—such as mental health, alcohol and other drug treatment, and public health—as well as representatives from the community and the state's Department of Social Services. The goals of the team are to (1) protect children, by bringing together county functions—such as mental health treatment, alcohol and other drug treatment, public health services, and public assistance—to provide a unified approach to planning interventions and (2) ensure the community is involved in improving the county's CPS system.

To overcome its history of ineffective approaches to protecting children, New York City is undergoing major structural reforms, designed to streamline and clarify its processes to ensure that all efforts are directed to the safety and well-being of children. As part of this reform, the city recently acknowledged that it must galvanize its residents, neighborhoods, churches, and community-based organizations to become partners in the drive to make certain that every child is safe. One of New York City's first planned actions is consistent with reforms observed in the other states we visited. New York City plans to (1) realign the boundaries of its CPS offices to coincide with community-district boundaries and (2) assign managers and caseworkers to specific communities. This realignment will allow staff to have greater access to individuals and institutions that are familiar to the child and family, as well as to local services.

Child Fatality Panels Help Build Community Partnerships

State and local officials are using the tragic circumstances of child deaths to mobilize community resources. These officials realize the value of reviewing the circumstances surrounding the death of a child to determine not only whether the death was the result of abuse, but also what can be learned to further improve how CPS cases are handled and families are served. In all sites, either state or local officials have established child fatality review teams, generally composed of physicians, law enforcement officials, social workers, and other child welfare experts; each member of the team brings his or her own expertise and skills to each review. These child fatality review teams are often the first step in recognizing the value of building relationships between community partners.

In Missouri, representatives on county-based panels include the prosecuting attorney or circuit attorney, the coroner or medical examiner, law enforcement personnel, child welfare staff, public health care service providers, juvenile court staff, and emergency medical services staff. Conclusions drawn from fatality reviews are used for targeting prevention strategies, identifying specific community needs, and developing trend information, as well as improving the services provided by each team member's discipline. The multidisciplinary nature of the panels increases the likelihood that the correct cause of death is identified. In St. Louis County, for example, panel members reported that some deaths are initially classified as Sudden Infant Death Syndrome (SIDS). However, when these cases are reviewed by the fatality panel, information shared by individual members may lead the panel to conclude that the death was caused by abuse rather than SIDS.

Two fatality panels, also composed of team members from various disciplines, operate in New York City. A few members are common to both panels. One panel reviews deaths in cases known to the CPS units, examining case practice and policies and making recommendations when necessary. This panel is operated by the child welfare agency and is composed of representatives from other local government agencies, as well as external health and social work experts. The other panel is independently operated by the Office of the Chief Medical Examiner of New York City and has a broader mission. This panel investigates all child deaths in New York City that meet the panel's critieria to, among other things, (1) identify broader social issues of child abuse and neglect, as well as public health concerns relating to the safety of children, and (2) devise policies and procedures that will decrease the likelihood of a child's death. In addition, the state of New York reviews cases involving the death of a child if the child was in the custody of an authorized agency or if the child's death was reported to the state central register.

New Strategies Show Promise but Many Challenges Remain

While new strategies hold the promise of helping CPS units better respond to increases in child abuse and neglect, with responsibility for intervention shared with the community, little research has been done to determine whether these new strategies result in improvements in families and children or a reduction in the number of subsequent referrals. A December 1996 evaluation of the Florida program, for example, found improvements in service delivery, but noted some differences based on a district's level of implementation of the new strategies. For example, the study found that in those districts that had more fully implemented the

new strategy, early decisions to place children were more consistent with later decisions on the safest option for the child. On other measures of success, all districts improved. These measures included the extent to which caseworkers were able to resolve family issues without involving the court.

However, this evaluation also confirms what officials during our site visits said: Creating successful community partnerships is difficult, and many challenges exist that can hinder progress. Some of these challenges reflect the long-standing problems that CPS units recognize as barriers to their overall effectiveness; others stem from the new strategies being tested. One of the long-standing problems CPS units will continue to struggle with is finding appropriate treatment slots for substance-abusing parents. In addition, states we visited have found that forging new community partnerships represents a significant change in operations for both CPS caseworkers and their new allies. These caseworkers traditionally have operated independently and represent agencies with their own sets of policies and priorities. The evaluation found that some districts were successful in establishing partnerships across both policy and practice levels; others had difficulty in clearly delineating their relationships and roles with local partners. Representatives of community organizations in St. Louis report that these partnerships can be slow to form, as funding, teambuilding, issues of developing trust among members, and agreement on sharing information about children and families are gradually worked out. St. Louis County staff reported that one community claimed child abuse and neglect did not exist among its families and was reluctant to become involved with the pilot program. In addition, some community groups initially came to meetings seeking funding for services they provide. Over time, however, their involvement has reflected an increased level of commitment.

The Florida evaluation found that employees' attitudes and ownership of the new philosophy, as well as the level of support received from supervisors and administrators, affect the success of the program. The transition can be difficult for CPS caseworkers since most caseworkers were previously traditional CPS investigators. They must adapt to their new roles, learning how to conduct family assessments. Such new roles represent a fundamental change, requiring a new perspective and a new set of skills. In addition, caseworkers must sometimes manage their existing caseloads while transitioning to the new method of delivering services. Caseworkers in St. Louis City and St. Louis County, for example, report that they are responsible for managing their ongoing cases using the

traditional approach, while at the same time managing new cases using the new strategy, the family assessment model.

While new strategies to serve families may help CPS units reduce the burden of addressing child abuse and neglect, these strategies should not be expected to resolve the underlying systemic problems many CPS units face. These problems remain and may jeopardize the future success of these promising strategies. For example, regardless of the new strategies taken to handle abuse and neglect reports, state officials recognize that without skilled and trained caseworkers, these strategies could flounder. In addition, these officials reported that keeping new and existing staff abreast of changing procedures and policies is difficult, given that training resources are already stretched to capacity. In Florida, staff reported that inconsistencies in practice still occur because of inadequate supervision. A recent Florida Governor's Panel on Child Protection Issues found that high staff turnover, unmanageable caseloads, poorly trained staff, and inconsistent procedures continue to plague the CPS system. Poorly trained staff or inconsistent policy implementation can undermine the credibility of CPS caseworkers among their community partners and hamper cooperation.

Changed Federal Response Would Better Assist the States

The new strategies of states and localities call for a new partnership between state child welfare agencies and the federal government. Although the federal government has played an important role over the last two decades, opportunities exist to enhance and refocus its assistance to states and localities. Important legislation, such as CAPTA, generated federal mandates that are responsible for many of the reforms of the past 20 years, including mandatory reporting systems for child abuse and neglect, as well as judicial review of decisions to remove children from their homes. This legislation has enhanced state and local CPS systems. But HHS's research agenda has not focused on new strategies of direct service to families, and HHS's provision of technical assistance to CPS units has been limited.

Federal Research Agenda Too Broad

Members of our expert panel believe the federal research agenda is too broad and is not developed in conjunction with the needs of the states. For example, they believe that the major research questions that are relevant to CPS units today are inadequately addressed because the total amount of funds authorized for research is low and is spread among too many other projects. Such research can result in findings that may apply only to

limited locations and may not be generalizable to the larger CPS community. CAPTA outlines topics for research, such as the causes of maltreatment and its prevention and the national incidence of child abuse and neglect. CAPTA also recognizes emerging collaborative CPS and community partnerships as a relevant field of inquiry. However, the final research agenda is left in large part to the discretion of HHS, although legislation and input from other organizations are considered. In our analysis, we found that approximately two-thirds of the research and demonstration grants, funded by HHS between fiscal year 1992 and the first quarter of fiscal year 1997, focused on the various causes and effects of sexual abuse, maltreatment prevention strategies, and the relationship between substance abuse and maltreatment. The remainder cover a broad spectrum of projects, ranging from funding a national data archive to using children as witnesses in court cases. While developing a research agenda is difficult in the face of limited resources and competing needs, HHS has not funded projects that reflect the emerging direction of CPS units, such as how to build collaborative relationships with multiple community and local government partners or the advantages, for some CPS cases, of using family assessments over a traditional approach. An HHS research official acknowledged that HHS has given many researchers a small part of the available funding, thus attempting to keep a number of researchers interested in the child abuse and neglect area and to attract new researchers to the field.

Dissemination of Research Results Critical

Disseminating the results of research on child abuse and neglect to practitioners in the field is critical. The National Clearinghouse for Child Abuse and Neglect is charged with maintaining and disseminating information on programs that show promise of success in preventing, identifying, and treating child abuse and neglect. However, members of our expert panel and state officials reported that dissemination efforts are often not timely or do not meet state needs. Although state officials were aware that the clearinghouse disseminated information on maltreatment, they were unable to see a connection between their work in developing new strategies in their local communities and the information being offered. HHS agrees that dissemination of information has been a problem, and an HHS official attributes this situation to a lack of publishing and distribution funds, as well as the lack, sometimes, of a requirement for the researcher to produce a final report. Researchers funded under CAPTA, however, must submit reports that include implications for policy and practice.

Technical Assistance Could Be Expanded

The federal government provides technical assistance to states, through means such as The National Resource Center on Child Maltreatment and HHS regional offices.[13] HHS defines the workplan for the Resource Center, which includes developing a training and technical assistance plan for each of HHS's regions, conducting on-site training or technical assistance activities, sponsoring symposia on relevant topics and, in cooperation with the clearinghouse, compiling CPS assessment tools. However, center documents state that the small amount of funding for each year severely limits the amount of services that can be provided to each state. For example, the center estimates that each state would be entitled to only $17,000 of services, including administrative costs, conference costs, and tribes and territories costs.

HHS regional offices also play a role in providing technical assistance to the states. Under ordinary circumstances, these offices do not work with county or local agencies. They are, rather, charged with overseeing the programmatic and financial management of child welfare programs, including ensuring compliance with applicable laws and regulations and issuing grant awards. These offices are also charged with assisting in the management of cross-cutting initiatives and activities among the regions. Since regional office personnel can have regular contact with local programs, these offices are uniquely positioned to monitor the progress of various strategies and share their insights with other state and local officials. These offices, however, have not played a leadership role in providing assistance to states on topics that are relevant to the changing strategies in the states. Such topics include knowledge of the reform efforts of other states and whether these programs have achieved positive outcomes in child welfare. Because this type of information is not readily available, states report that they independently call other states for information when attempting to design new programs.

Getting comprehensive information to CPS units on different state initiatives, as well as on ways states are addressing systemic problems, could greatly assist the child welfare community in areas that are integral to developing new CPS strategies. CPS units could benefit from information on such issues as the appropriate levels of risk and child safety, ways to build and sustain community partnerships, and appropriate outcomes by which to measure these reform programs. The regional offices vary in how proactively they assist their states, according to experts, HHS officials, and state officials. HHS agrees that some regions perform better than others and

[13] HHS has 10 regional offices across the country that represent HHS—to state, county, city or town, and tribal governments, as well as to grantees and public and private local organizations—in the administration of programs that assist vulnerable and dependent children and families.

that they tend to act independently in developing ways of interacting with their assigned states. But these offices, HHS believes, provide considerable technical assistance to states. One HHS official stated, however, that becoming more proactive in CPS reform could be difficult for some regional offices. Existing communication technologies offer enhanced opportunities to be more proactive and widely share this information with a variety of audiences. HHS told us it is beginning to take advantage of its ability to communicate electronically.

Conclusions

Public agencies responsible for protecting children have faced increased reports of child abuse and neglect, as well as a disturbing increase in the number of families with severe and multiple problems. The high incidence of substance abuse found in these families places CPS caseworkers on the front line of one of our nation's biggest social problems. While the commitment of these workers to protect abused children is strong, the obstacles facing CPS units are daunting. A decade of calls for reform by national advisory boards and commissions has produced few improvements in many of the fundamental problems found in CPS units.

The burden to improve the ways CPS units respond to children at risk of abuse and neglect falls on state and local governments. However, the responsibility for the safety and well-being of a community's children cannot rest solely on an overwhelmed CPS system. CPS units have recognized that the traditional approaches to child protection cannot keep pace with the demand for services. CPS units are now reaching out to communities to establish partnerships among service agencies, attempting to share the responsibility for the safety of a neighborhood's children among a community's service providers, as well as its citizens, and increasing the attention given to support services. However, state child welfare officials responsible for CPS operations must not lose sight of the potential effect that long-standing systemic problems may have on these reform efforts. These officials must seek ways to correct deficiencies and to build and maintain the personnel and information systems that will support the new strategies. Without addressing these problems, reform goals may not be fully realized. In addition, state officials must be cautious about implementing new strategies for handling maltreatment reports, given the limited information available on their effectiveness.

A new era of federal partnership is needed to help CPS units respond to the rising rates of child maltreatment. While the federal government has funded research efforts on abuse and neglect, HHS needs to better support

the emerging needs of state and local CPS units. Local governments can ill afford to independently develop, test, and implement new strategies to protect our nation's children. New federal strategies are needed to provide focused assistance to CPS units and to evaluate and disseminate information about local efforts. Without federal assistance, states and localities will continue to find their own solutions to combat the problems of abuse and neglect, not benefitting from the collective experience of the entire nation.

Recommendations

We recommend that the Secretary for Health and Human Services

- use the current research agenda, allowed under CAPTA, to facilitate better targeting of future funding for those areas that support local efforts to explore collaborative partnerships with other community agencies;
- develop new cost-effective strategies to disseminate and deliver the results of these local efforts and other related work through the National Clearinghouse and the National Resource Center; and
- develop specific techniques, such as regional seminars, white papers, and on-site technical assistance, to promote community-based approaches to CPS.

Agency Comments and Our Evaluation

In commenting on a draft of this report, HHS noted that the CPS system operates in the broader context of child welfare services and is thus integrally related to other federal programs beyond those authorized by CAPTA. HHS further stated that strategies taken from these programs, such as a demonstration of the use of multidisciplinary teams to provide intensive services to families whose children might otherwise have to be placed or remain in foster care, directly influence and benefit CPS. We agree that these programs, whose primary purposes do not emphasize CPS, can also assist states and localities find ways to become partners with community and other governmental groups to help children. In our work, however, we focus on the initial stages of report intake and investigation, for abuse and neglect cases, and the associated problems. We did not review community services available to prevent or treat victims of child abuse and neglect.

HHS also commented that we did not address the issue of conflicting confidentiality provisions among agencies that handle and treat families that are brought to CPS's attention. HHS noted that these conflicting policies, for example, can prohibit local CPS agencies from obtaining

information on a client's participation in substance abuse treatment programs. We recognize the importance of developing confidentiality policies that help, rather than hinder, social worker access to important client information that may affect decisions concerning a child's safety; we discussed this topic with state and local CPS personnel, as well as with CPS experts. While they agreed that confidentiality barriers exist, we focused on the systemic issues that surfaced as the most pressing. In addition, social work practices can be developed to help alleviate the magnitude of the confidentiality problem, some experts said. For example, if a client is not willing to sign a waiver to allow information on treatment to be obtained, the client's participation in the drug program may not be considered in CPS decisions affecting the child's safety.

As to our recommendation that the Secretary use the current research agenda to better target funding for topics that support local efforts to explore collaborative partnerships, HHS acknowledged the importance of developing these partnerships and making system improvements. HHS stated that current CAPTA legislation places emphasis on CPS system functions and that HHS demonstration priorities address the development of community networks and CPS operations. At the time of this report, however, HHS had not published its final research priorities. HHS concurred with our remaining two recommendations and noted several strategies it is implementing to enhance dissemination and communication and to expand technical assistance.

HHS also made a number of technical comments, which we have incorporated where appropriate. A copy of all HHS's comments, both general and technical, is included in appendix II.

We are sending copies of this report to the Secretary of Health and Human Services, state child welfare agencies, and other interested parties. Copies will also be made available to others on request. If you or your staff have any questions about this report, please call me at (202) 512-7215. Other major contributors to this report are listed in appendix III.

Sincerely yours,

Jane L. Ross

Jane L. Ross
Director, Income Security Issues

Contents

Letter	1
Appendix I Scope and Methodology	28
Appendix II Comments From the Department of Health and Human Services	30
Appendix III GAO Contacts and Staff Acknowledgments	40
Related GAO Products	44

Abbreviations

CAPTA	Child Abuse Prevention and Treatment Act
CPS	Child Protective Services
GPO	Government Printing Office
HHS	Department of Health and Human Services
OCAN	Office on Child Abuse and Neglect
SIDS	Sudden Infant Death Syndrome

Scope and Methodology

We reviewed the relevant literature on child maltreatment, as well as national and state statistical data on child maltreatment, and analyzed various reports and evaluations that examined CPS policies, programs, and activities. In addition, we interviewed various experts in the area of child maltreatment and CPS, representatives from professional associations, and state and local officials. We also interviewed officials at HHS's Administration for Children and Families, including officials from the Childrens' Bureau and the Office on Child Abuse and Neglect (OCAN).

We conducted field visits in New York City's boroughs of the Bronx and Manhattan; Sacramento County, California; Florida's District 12 (Volusia and Flagler Counties); and the City and County of St. Louis, Missouri. In addition, we visited the state child welfare offices in each state capital. These sites were selected, in part, to review states in different stages of changing their traditional approaches to CPS. The CPS unit in New York City is making early efforts at organizational change. The CPS unit in Sacramento County, California, is making early efforts to reexamine its processes and its links to the community. The CPS units in New York and California were also selected because the two states represent a significant portion of the population of children under 18 years old and the population in the child welfare system. Florida and Missouri were identified by experts as examples of states in which CPS units were furthest along in efforts to change from traditional approaches to new strategies based on community and family services. The CPS unit in Florida's District 12 was selected to illustrate efforts to improve the investigation and validation of abuse cases by integrating CPS, medical, judicial, and law enforcement professionals under a community-based nonprofit organization. The CPS unit in Missouri had implemented a pilot program to test new ways of responding to reports of abuse and neglect in five areas of the state.

At each site, we interviewed officials responsible in the areas of CPS policy, program activities, training and professional development, quality assurance, budget, and information management. In addition, we collected relevant evaluations, reports, and analyses of CPS policies, operations, and practices. To develop a complete understanding of CPS units' operations and the barriers that exist, we interviewed groups of managers, supervisors, and caseworkers at each site. We also interviewed private organizations that provide child protection and child welfare services to these units. Lastly, we interviewed local officials from community child advocacy groups and child fatality review panels.

Finally, we convened a panel of six experts for a 1-day discussion to solicit their perspectives on what role(s) the federal government can play in assisting states and localities in improving their CPS activities. The panelists were asked to identify areas in which the federal government can provide leadership and strategies or specific activities that can support state efforts to manage CPS systems. This expert panel was held on December 3, 1996, and included Diana English, Office Chief, Office of Children's Administration Research, Department of Social and Health Services, Washington; Mark Hardin, Director, Foster Care and Family Preservation, Center on Children and the Law, American Bar Association, Washington, D.C.; Robert Lindecamp, State Liaison Officer, Division of Family Services, Department of Services for Children, Youth and Their Families, Delaware; Robert McKeagney, Director, National Center for Excellence in Child Welfare, Child Welfare League of America, Washington, D.C.; Susan Notkin, Director, Program for Children, The Edna McConnell Clark Foundation, New York, New York; and Michael Weber, Associate Director, National Committee to Prevent Child Abuse, Chicago, Illinois.

We conducted our work between February 1996 and April 1997, in accordance with generally accepted government auditing standards.

Comments From the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

JUN 10 1997

Ms. Jane L. Ross
Director, Income Security Issues
United States General
Accounting Office
Washington, D.C. 20548

Dear Ms. Ross:

Enclosed are the Department's comments on your draft report, "Child Protective Services: Difficult Challenges Require New Approaches to Protect Children." The comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely,

June Gibbs Brown
Inspector General

Enclosure

The Office of Inspector General (OIG) is transmitting the Department's response to this draft report in our capacity as the Department's designated focal point and coordinator for General Accounting Office reports. The OIG has not conducted an independent assessment of these comments and therefore expresses no opinion on them.

COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE U.S. GENERAL ACCOUNTING OFFICE DRAFT REPORT, "CHILD PROTECTIVE SERVICES: DIFFICULT CHALLENGES REQUIRE NEW APPROACHES TO PROTECT CHILDREN," REPORT NO. HEHS-97-115"

Thank you for the opportunity to respond to your draft report regarding the need for new approaches to protect children. We wish to commend the General Accounting Office (GAO) on its collaborative approach to designing and conducting this project, and on addressing the challenges of implementing innovative changes in the child protective services system.

Following are our general comments on the substance of the draft report, our comments on the report's recommendations, and technical comments on errors or points of clarification.

GENERAL COMMENTS

The report presents a thoughtful assessment of many of the critical issues confronting State and local Child Protective Services (CPS) agencies as they seek to protect children and provide preventive and treatment services to children at risk. The Department has recognized the importance of collaborative approaches to policy development and service delivery, and has implemented a number of initiatives and strategies to promote interagency cooperation and "seed" successful community partnerships, with an emphasis on systems change.

Federal Involvement in CPS Activities

In this section of the report, the evaluators describe a system which is most directly influenced by the Federal programs established by the Child Abuse Prevention and Treatment Act (CAPTA). It is important to note that the child protective services system, at the local, State and national levels, operates in the broader context of child welfare services. In fact, the majority of children receiving child welfare services first come to the attention of the system through CPS. CPS is integrally related to other Federal programs, including those funded under Title IV-B and Title IV-E of the Social Security Act, such as the Family Preservation and Family Support Initiative, Foster Care and Adoption, and the Child Welfare Waiver Demonstrations. Although these programs are mentioned in a footnote, it would be helpful to recognize that innovations and findings from these programs directly influence and benefit CPS. Federal activities and opportunities to improve the system's capacity to respond to the safety needs of children are not single focused, but represent a more holistic child welfare approach. Following are two examples of Federal initiatives that promote the development of community partnerships and effect systems change:

1

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Family Preservation and Family Support Initiative (FPFS) - This program, funded under Title IV-B, subpart 2, of the Social Security Act, provides intensive treatment services for CPS families and community services which support at-risk families to help prevent child abuse and neglect. It requires that States involve a broad representation of public and private service providers and consumers in the planning process to establish strong partnerships. Prior to implementing this program, Federal administrators modeled interdisciplinary involvement by conducting an extensive series of consultations and focus groups to set the tone for an innovative approach to service delivery. The FPFS programs are relatively new, and are currently being evaluated by the Department.

Child Welfare Waiver Demonstrations - The Department has the authority, under Section 1130 of the Social Security Act, to grant regulatory waivers in the area of child welfare for up to ten States. The child welfare waiver demonstrations are a means of working together with States to find solutions to some of the most critical problems facing children and families. Demonstration projects will be used to test ideas which States have proposed for improving the quality of child welfare services, and making the delivery of services more efficient and cost-effective. Delaware, for example, will demonstrate the use of multidisciplinary teams composed of social workers, substance abuse counselors and others, to provide intensive services to families whose children might otherwise have to be placed or remain in foster care. The project is designed to reduce both costs and the serious impact of substance abuse on the child welfare system. To date six States have had their waiver requests approved. These are Delaware, Illinois, Maryland, North Carolina, Ohio, and Oregon.

Likewise, the National Clearinghouse on Child Abuse and Neglect Information and the National Resource Center on Child Maltreatment are not the only Federal information and technical assistance resources available to State and local CPS systems. It would be desirable to include the list of the National Child Welfare Resource Centers, which deals with programs that affect the same families and provides technical assistance to States upon request. Programs listed are the National Resource Center on Legal and Court Issues, the National Resource Center for Organizational Improvement, the National Resource Center for Family Centered Practice, the National Resource Center for Permanency Planning, the National Resource Center for Youth Development, the National Resource Center for Special Needs Adoption, the ARCH National Resource Center for Respite and Crisis Care Services, and the National Abandoned Infants Assistance Resource Center.

2

Paper Environment Leads to Inefficiency

In this section the evaluators describe the challenge of automating CPS operations. It would be useful to elaborate on the significant Federal investment devoted to assisting States to develop new automated information systems to support child welfare practice. The Omnibus Budget Reconciliation Act of 1993 provided enhanced funding at the 75 percent Federal match rate to States for the development and implementation of Statewide Automated Child Welfare Information Systems (SACWIS). The Administration for Children and Families is working very closely with 46 States (including the four States cited in the report) and the District of Columbia to complete their systems.

SACWIS will provide caseworkers with critical and immediate access to essential information, allowing prompt intervention in situations where children may be experiencing or are at risk of neglect or abuse. These automated systems will make agencies more responsive to the courts and dramatically reduce the amount of paperwork and manual record-keeping which currently limits the ability of social workers to interact with families in need of their services, and to take timely actions to preserve the health and well-being of children.

Poor Working Relationship Between Courts and CPS

The report accurately describes the serious problems experienced in CPS court proceedings. There are Federal programs in place designed to begin to address barriers between CPS and the courts. The Children's Justice Act (CJA) program provides formula grants to States for the purpose of improving the child protective services system from reporting to adjudication. The Court Improvement Project (CIP) funded by the Children's Bureau has provided funding to all State Supreme Courts to allow them to review how the courts interact with the child welfare system, and to propose ways in which the court system may improve the interaction. Now at the end of the second year, most States have completed a self-assessment. In the next phase of the program, States will recommend changes in their laws, policies, and administrative procedures. A preliminary report on the findings of the State assessments should be available in the fall of 1997. This program offers direct technical assistance to States in conjunction with the American Bar Association Center on Children and the Law, the National Center for State Courts, and the National Council of Juvenile and Family Court Judges.

Regional Office Operations

Although there may be some variance among regions, regional offices provide considerable technical assistance on the changing operational approaches in the States, the nature of reform efforts of other States, and whether these programs have achieved

3

positive outcomes in child welfare. This is accomplished in collaboration with the national child welfare resource centers and the National Resource Center on Child Maltreatment, and by sponsoring conferences featuring regional and national experts on such topics as CPS reform initiatives, managed care in child welfare, and welfare reform. Efforts are made to bring State and Tribal child welfare officials together to exchange ideas and share best practices among States within a particular region. One of the strengths of regional office staff is their knowledge of what is occurring within various States within their region so that information can be shared across those States. The regional offices are regularly involved with States in meeting the joint planning requirements for child welfare.

We agree that information on what is occurring in other States outside the region is more difficult to obtain. Both regional office staff and State officials have identified this as an area where regions could play a greater role. Attempts to provide this type of technical assistance to States have improved, however, with the establishment of an electronic forum to exchange information between the regions and headquarters staff. With the advent of this ability to communicate electronically, a regional office can quickly survey other State practices. For example, when an attorney general's (AG) office asked which States were expanding the role of law enforcement in conducting CPS investigations, a regional office was able to survey the other regional offices and get back to the AG staff with the requested information within 48 hours. The National Clearinghouse on Child Abuse and Neglect Information has also served as an excellent source that regional offices can tap for information on other States.

Confidentiality

The Department has noted that the issue of confidentiality is not addressed in this report, yet it presents significant barriers to local CPS agencies in both policy and practice. Conflicting policies among agencies frequently keep workers from getting information they need to verify compliance with a case plan. For example, in a case of substance abuse related child abuse, the parent may be required to undergo treatment. Yet, treatment programs are not allowed to disclose the names of their participants. This is an area that the GAO may wish to explore further following the publication of this report.

COMMENTS ON GAO RECOMMENDATIONS

GAO Recommendation #1

We recommend that the Secretary of the Department of Health and Human Services use the current research agenda allowed under CAPTA to facilitate better targeting of future funding for those

4

areas that support local efforts to explore collaborative partnerships with other community agencies;

Department Comment

The Department acknowledges the critical importance of systems improvement and the development of effective community partnerships. With the 1996 re-authorization of CAPTA, more emphasis is placed on research and demonstration priorities related to CPS system functions.

In the Federal Register of May 15, 1997, our demonstration priorities all address development of community networks and CPS operations. Areas announced for funding include development of partnerships with schools, establishment of a national network of mutual support programs, and innovation in responding to reports of suspected child abuse or neglect.

We are currently engaged in developing a broad research agenda that spans child welfare. The three domains of research will include systems issues, child related issues and family issues.

Proposed research priority areas for Fiscal Year (FY) 1997 were recently published for public comment. Among these are: research that explores system and sequelae questions with substantiated case samples; studies on system responses to the co-occurrence of substance abuse and child abuse; research on differentiated response service-entry or resource allocation models for handling child abuse and neglect reports; and research that explores how welfare reform and system changes interact with the protective needs of children. The final priorities will be published once public comments have been analyzed and taken into consideration.

The Department is also planning major efforts relating to Kinship Care Demonstrations and a Child Welfare Longitudinal Study of children. While these initiatives will not be funded with CAPTA funds this year, CAPTA funds will be used to continue the kinshare demonstrations in 1998 and 1999. The Longitudinal Study is congressionally mandated and has a separate funding authority. While neither of these is specifically directed at local efforts to explore collaborative partnerships with other community agencies, they will produce information relevant to this topic.

GAO Recommendation #2

We recommend that the Secretary of the Department of Health and Human Services develop new cost-effective strategies to disseminate and deliver the results of these local initiatives and other summaries of related work through the National Clearinghouse and the National Resource Center;

5

Department Comment

The Department concurs with this recommendation and is currently implementing several strategies to enhance dissemination and communication.

-The National Clearinghouse on Child Abuse and Neglect Information has developed specialized service desks (including Child Welfare and Statistics) to provide technical assistance to professionals, customize products to meet the needs of the field, prioritize collection of materials for Clearinghouse databases, and conduct outreach activities such as conference presentations and demonstrations and targeted mailings. This informational technical assistance includes current trends in the field and research findings.

-Increasing numbers of professionals are turning to the National Clearinghouse on Child Abuse and Neglect Information as a critical source of information. Approximately 81 percent of the 14,000 requests received in FY 1995 were from professionals compared to 56 percent of 7,000 requests received in FY 1992.

-The Department works with a contact person for child abuse and neglect in each State called the State Liaison Officer. The Department convenes national meetings with the State Liaison Officers on a regular basis to address current trends and issues in the field, network, and share information. In addition, regional offices convene regular meetings of the States within their regions.

-Use of Technology - Information and technical assistance is also being offered through Websites and videoconferencing. The National Clearinghouse on Child Abuse and Neglect Information database is searchable through the National Clearinghouse on Child Abuse and Neglect Information Website, and is also available on CD-ROM. Monthly teleconferences are held with regional offices to discuss administrative issues in addition to conference calls for technical assistance on topical areas.

GAO Recommendation #3

We recommend that the Secretary of the Department of Health and Human Services develop specific techniques such as regional seminars, white papers, and on-site technical assistance to promote community-based approaches to child protective services.

6

Department Comment

The Department concurs with this recommendation, and efforts are being undertaken to emphasize and expand technical assistance.

-The National Resource Center on Child Maltreatment workplan focuses primarily on the provision of on-site training and technical assistance and the dissemination of the most current information in the field relevant to State and local programs.

-The Resource Center will conduct several Leadership Institutes. The first two topics will be CPS decision-making (through the summer of 1997) and substance abuse issues (beginning in the fall of 1997).

-The activities of the National Clearinghouse on Child Abuse and Neglect Information and the National Resource Center on Child Maltreatment have been coordinated with the array of child welfare resource centers listed earlier in this document. All requests for technical assistance from States are channeled through the regional offices to ensure a coordinated response.

TECHNICAL COMMENTS

Now on p. 4

Page 5 indicates that nonemergency investigations are initiated within 24 hours of the report. State laws do vary in the time frames for a required response. It would be more accurate to say that investigations are initiated within 24 to 72 hours depending on State statute.

Now on p. 4, para. 2

Page 6, paragraph 1. We believe the description of the CPS investigation process is misleading in that it implies that a court action is initiated for all substantiated incidents of abuse or neglect. In fact, requirements for court action vary from State to State. Typically, court action is initiated only when a child has been taken into protective custody, in cases of court ordered supervision, or when criminal charges are filed against the perpetrator. According to the latest data collected through the National Child Abuse and Neglect Data System (NCANDS), court actions were initiated for only about 16 percent of children whose maltreatment was substantiated or indicated. This figure may be an under-representation due to the fact that court records may be maintained in a separate information system.

Now on p. 8

Pages 9 and 10 - The report states that in many jurisdictions, caseloads are so high that a CPS response is limited to taking the complaint call, making a single visit to the home, and deciding whether or not the complaint is valid, often without any further investigation. In fact, the determination of whether a case is substantiated, or unsubstantiated is the extent of the

7

responsibility of the protective investigation. Frequently further investigation is not indicated. However, high case loads may affect an agency's ability to develop effective service plans or provide follow-up.

Now on p. 7.

Pages 1 and 9 - In April of 1997, the Department published its most recent statistical report, Child Maltreatment 1995: Reports From the States to the National Child Abuse and Neglect Data System. The GAO may wish to incorporate the most current statistics into the report. On page 9 of the report, the GAO correctly notes that the number of child abuse and neglect reports have increased dramatically over the past 20 years. Furthermore, as reported in the document, a trend of yearly growth continued into the early 1990's, with the years 1990 - 1994 showing a 14 percent increase in the number of children who were the subject of a report alleging maltreatment and a 27 percent increase in the number of children confirmed as victims of substantiated or indicated maltreatment.

It is important to note, however, that data for the three most recent years (1993 - 1995) show for the first time a leveling off in both the annual number of reports of child maltreatment and the annual number of children confirmed as victims of substantiated or indicated abuse or neglect. In each of the years 1993 - 1995, States referred for investigation just under 2 million reports of alleged maltreatment, involving approximately 2.9 million children. The number of substantiated victims in each of these years was just over 1 million. The reasons for the leveling off in these numbers after so many years of growth are not yet clear.

Now on p. 8.

Page 10, last line - It may be more accurate to replace the word "prematurely" with "inappropriately."

Now on p. 20.

Pages 24 and 25 - Although the reauthorization of CAPTA places more emphasis on research on CPS systems operations, it also mandates that a portion of the funds be devoted to field initiated research. The research agenda is not entirely discretionary on the part of the Department, but is driven by legislation as well as input from other Federal agencies, national organizations and feedback from the field. The Department is required to publish all research priorities for public comment, and to consider these comments prior to issuing a request for proposals.

All researchers funded under CAPTA are required to submit a final report, and the standard format does include a final paragraph on implications for policy and practice. These reports are available from the National Clearinghouse on Child Abuse and Neglect Information and referenced in the Clearinghouse database.

Now on pp. 21 and 22.

Pages 26 and 27 - A note on the Department's regional offices:

8

In general these offices are the liaison between the Federal Government and the State. Under ordinary circumstances they do not work with county or local agencies. They review and comment on State plans and can certainly provide technical assistance, either directly, or through the National Child Welfare Resource Centers and the National Resource Center on Child Maltreatment. They also frequently serve a convening function and provide opportunities for State officials to come together to discuss emerging issues.

Now on pp. 6, 9, and 28

Pages 7, 11 and 31 - The correct name of the Federal office is the Office on Child Abuse and Neglect, which replaced the old National Center on Child Abuse and Neglect (NCCAN).

9

GAO Contacts and Staff Acknowledgments

GAO Contacts

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Staff Acknowledgments

In addition to those named above, David D. Bellis and John Vocino contributed significantly to the writing of the report and all data-gathering and analysis efforts.

Related GAO Products

Child Welfare: Complex Needs Strain Capacity to Provide Services (GAO/HEHS-95-208, Sept. 26, 1995).

Child Welfare: Opportunities to Further Enhance Family Preservation and Support Activities (GAO/HEHS-95-112, June 15, 1995).

Foster Care: Health Needs of Many Young Children Unknown and Unmet (GAO/HEHS-95-114, May 26, 1995).

Foster Care: Parental Drug Abuse Has Alarming Impact on Young Children (GAO/HEHS-94-89, Apr. 4, 1994).

Residential Care: Some High-Risk Youth Benefit, but More Study Needed (GAO/HEHS-94-56, Jan. 28, 1994).

Foster Care: Services to Prevent Out-of-Home Placements Are Limited by Funding Barriers (GAO/HRD-93-76, June 29, 1993).

Foster Care: State Agencies Other Than Child Welfare Can Access Title IV-E Funds (GAO/HRD-93-6, Feb. 9, 1993).

Child Abuse: Prevention Programs Need Greater Emphasis (GAO/HRD-92-99, Aug. 3, 1992).

Child Abuse and Neglect: Progress of the National Center Since May 1991 (GAO/T-HRD-92-14, Mar. 6, 1992).

Child Abuse and Neglect: NCCAN's Implementation of CAPTA of 1988 (GAO/T-HRD-91-29, May 9, 1991).

Child Abuse Prevention: Status of the Challenge Grant Program (GAO/HRD-91-95, May 9, 1991).

Foster Care: Children's Experiences Linked to Various Factors; Better Data Needed (GAO/HRD-91-64, Sept. 11, 1991).

Child Welfare: Monitoring Out-of-State Placements (GAO/HRD-91-107BR, Sept. 3, 1991).

40A

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